



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243**

**TENNESSEE CERTIFIED PEER SPECIALIST
ON-GOING EDUCATION VERIFICATION**

An individual, who is certified as a Peer Specialist, shall satisfactorily complete a minimum of twenty (20) hours of continuing education trainings, including Ethics, Title 33, Cultural Competency, Co-Occurring Disorders and HIPPA in conjunction with the certification renewal process. Only continuing education trainings recognized by the TDMHDD Office of Consumer Affairs shall be used to satisfy the continuing education requirement.

- Do not alter the form from its original format.
- Write legibly in only black or blue ink.
- Do not use nicknames or abbreviated forms of your legal name.

Name (*please print*): _____

Certification Number: _____ Certification Date: _____

Address: _____

City _____ State _____ ZIP _____

Phone Number: (_____) _____ - _____ Email: _____

List the name, date, sponsoring organization / association / agency and the number of hours for each on-going training attended.

- | | |
|----------------------------|---------|
| 1) _____ | _____ |
| Name of On-Going Education | Sponsor |
| _____ | _____ |
| Number of Training Hours | Date |
| | |
| 2) _____ | _____ |
| Name of On-Going Education | Sponsor |

Number of Training Hours

Date

3)

Name of On-Going Education

Sponsor

Number of Training Hours

Date

4)

Name of On-Going Education

Sponsor

Number of Training Hours

Date

My signature below affirms that all of the information attached to and contained in this verification form is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature of Applicant

Date

Do Not Write Below This Line

Internal TDMHDD – OCA Use Only

Date received: _____

Date reviewed: _____ Approved _____ Not-approved _____

Date letter of findings mailed to applicant: _____

Date information recorded in data-base: _____

Notes:

Processed by: _____